

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

ADDRESS (number and street) ▼

8403 Colesville Road

Suite 1550

☐ Check if different than previously reported. (ACC)

Silver Spring

MD

20910

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00358812

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☒ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Jesse Bushman

Signature of Treasurer

Jesse Bushman

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
05 01 2016 To: M M / D D / Y Y Y Y Y Y
05 31 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2016		182787.62
(b) Cash on Hand at Beginning of Reporting Period.....	186303.37	
(c) Total Receipts (from Line 19)	41891.50	51758.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	228194.87	234546.12
7. Total Disbursements (from Line 31)	2219.90	8571.15
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	225974.97	225974.97
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	1		2	0	1	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	5		3	1		2	0	1	6

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	41891.50	51758.50
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	41891.50	51758.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	41891.50	51758.50
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	41891.50	51758.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	41891.50	51758.50

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	79.90	431.15
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	79.90	431.15
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	8000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	140.00	140.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	140.00	140.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2219.90	8571.15
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2219.90	8571.15

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	41891.50	51758.50
34. Total Contribution Refunds (from Line 28(d))	140.00	140.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	41751.50	51618.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	79.90	431.15
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	79.90	431.15

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 100

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Christine Adams

Mailing Address 1801 Normandy Rd

City
Lexington

State
KY

Zip Code
40504-2226

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11AI.12421

Amount of Each Receipt this Period

25.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Christine Adams

Mailing Address 1801 Normandy Rd

City
Lexington

State
KY

Zip Code
40504-2226

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11AI.12438

Amount of Each Receipt this Period

25.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Susan Akins

Mailing Address PO Box 244

City
Embudo

State
NM

Zip Code
87531-0244

FEC ID number of contributing
federal political committee.

C

Name of Employer

Taos Health Systems

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11AI.12379

Amount of Each Receipt this Period

50.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

100.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Susan Akins

Mailing Address PO Box 244

City

Embudo

State

NM

Zip Code

87531-0244

FEC ID number of contributing
federal political committee.

C

Name of Employer

Taos Health Systems

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

90.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11AI.12439

Amount of Each Receipt this Period

40.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Jill Alliman

Mailing Address 410 Broad St.

City

Sweetwater

State

TN

Zip Code

37874-1735

FEC ID number of contributing
federal political committee.

C

Name of Employer

Women's Wellness and Maternity

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11AI.12352

Amount of Each Receipt this Period

50.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Jill Alliman

Mailing Address 410 Broad St.

City

Sweetwater

State

TN

Zip Code

37874-1735

FEC ID number of contributing
federal political committee.

C

Name of Employer

Women's Wellness and Maternity

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11AI.12600

Amount of Each Receipt this Period

150.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

240.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 100

(check only one)

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Susan Altman

Mailing Address 11 Stonywood Dr

City State Zip Code
 Commack NY 11725-5111

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 New York University Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : SA11Al.12376

Amount of Each Receipt this Period

50.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Susan Altman

Mailing Address 11 Stonywood Dr

City State Zip Code
 Commack NY 11725-5111

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 New York University Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

417.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : SA11Al.12440

Amount of Each Receipt this Period

367.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Angela Anderson

Mailing Address 3962 S Jupiter Dr

City State Zip Code
 Salt Lake City UT 84124-2242

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Intermountain Healthcare Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : SA11Al.12609

Amount of Each Receipt this Period

500.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

917.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 100

(check only one)

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Jessica Anderson

Mailing Address 22971 E Euclid Cir

City State Zip Code
 Aurora CO 80016-5206

FEC ID number of contributing
federal political committee.

C

Name of Employer
Center forMidwifUniv.ofCO Hosp

Occupation
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

90.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : SA11AI.12445

Amount of Each Receipt this Period

40.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Lynn Tomlinson Anderson

Mailing Address 3990 Timberline Dr

City State Zip Code
 Carson City NV 89703

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Mary's Women's Hlth Ctr

Occupation
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : SA11AI.12383

Amount of Each Receipt this Period

50.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Lynn Tomlinson Anderson

Mailing Address 3990 Timberline Dr

City State Zip Code
 Carson City NV 89703

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Mary's Women's Hlth Ctr

Occupation
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

81.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : SA11AI.12441

Amount of Each Receipt this Period

31.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional).....▶

121.00

TOTAL This Period (last page this line number only).....▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Lynn Tomlinson Anderson

Mailing Address 3990 Timberline Dr

City State Zip Code
 Carson City NV 89703

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Mary's Women's Hlth Ctr

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

161.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11Al.12442

Amount of Each Receipt this Period

80.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Lynn Tomlinson Anderson

Mailing Address 3990 Timberline Dr

City State Zip Code
 Carson City NV 89703

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Mary's Women's Hlth Ctr

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

188.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11Al.12443

Amount of Each Receipt this Period

27.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Lynn Tomlinson Anderson

Mailing Address 3990 Timberline Dr

City State Zip Code
 Carson City NV 89703

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Mary's Women's Hlth Ctr

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

288.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11Al.12444

Amount of Each Receipt this Period

100.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

207.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Olivia Arakawa

Mailing Address 1107 N Anderson St

City

Tacoma

State

WA

Zip Code

98406-6815

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11Al.12446

Amount of Each Receipt this Period

250.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Olivia Arakawa

Mailing Address 1107 N Anderson St

City

Tacoma

State

WA

Zip Code

98406-6815

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

282.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11Al.12447

Amount of Each Receipt this Period

12.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Olivia Arakawa

Mailing Address 1107 N Anderson St

City

Tacoma

State

WA

Zip Code

98406-6815

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11Al.12448

Amount of Each Receipt this Period

13.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

275.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Deborah Armbruster

Mailing Address 1 N. Beaumont Ave

City State Zip Code
 Catonsville MD 21228-4402

FEC ID number of contributing
federal political committee.

C

Name of Employer
US Agency for Intl Development

Occupation
Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : SA11AI.12616

Amount of Each Receipt this Period

100.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Karen L Armstrong

Mailing Address 312 SW Cascade Meadow Dr.

City State Zip Code
 Sublimity OR 97385-9807

FEC ID number of contributing
federal political committee.

C

Name of Employer
Silverton Health

Occupation
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : SA11AI.12614

Amount of Each Receipt this Period

100.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Melissa D Avery

Mailing Address 4845 Irving Ave S

City State Zip Code
 Minneapolis MN 55419-5233

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Minnesota

Occupation
Professor and Chair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : SA11AI.12381

Amount of Each Receipt this Period

100.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Melissa D Avery

Mailing Address 4845 Irving Ave S

City

Minneapolis

State

MN

Zip Code

55419-5233

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Minnesota

Occupation

Professor and Chair

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

640.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11Al.12449

Amount of Each Receipt this Period

540.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Alice Bailes

Mailing Address 4001 Calmes Neck Ln

City

Boyce

State

VA

Zip Code

22620-2605

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11Al.12450

Amount of Each Receipt this Period

25.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Alice Bailes

Mailing Address 4001 Calmes Neck Ln

City

Boyce

State

VA

Zip Code

22620-2605

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

120.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11Al.12451

Amount of Each Receipt this Period

45.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

610.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Kelly Baldrige

Mailing Address 1433 Hillsboro St

City

Pittsburgh

State

PA

Zip Code

15204-2330

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11AI.12402

Amount of Each Receipt this Period

20.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Kelly Baldrige

Mailing Address 1433 Hillsboro St

City

Pittsburgh

State

PA

Zip Code

15204-2330

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11AI.12452

Amount of Each Receipt this Period

30.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Mary Barger

Mailing Address 4400 New Jersey St

City

San Diego

State

CA

Zip Code

92116-1049

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of San Diego

Occupation

Associate Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11AI.12617

Amount of Each Receipt this Period

200.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Nancy Baron

Mailing Address 9 Little Indian Trl

City

New Richmond

State

OH

Zip Code

45157-9530

FEC ID number of contributing
federal political committee.

C

Name of Employer

TriHealth Nurse Midwives

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

85.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11AI.12453

Amount of Each Receipt this Period

35.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Tamara Baumann

Mailing Address 3578 Cherokee Dr

City

Carson City

State

NV

Zip Code

89705-6931

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nevada Health Centers

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11AI.12380

Amount of Each Receipt this Period

50.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Tamara Baumann

Mailing Address 3578 Cherokee Dr

City

Carson City

State

NV

Zip Code

89705-6931

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nevada Health Centers

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11AI.12454

Amount of Each Receipt this Period

100.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

185.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Eileen E Beard

Mailing Address 5619 Lago Villaggio Way

City
Naples

State
FL

Zip Code
34104-5740

FEC ID number of contributing
federal political committee.

C

Name of Employer

Amer Collge of Nurse-Midwives

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11AI.12388

Amount of Each Receipt this Period

50.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Camra Bearson

Mailing Address 585 S 480 E

City

Providence

State

UT

Zip Code

84332-9414

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11AI.12428

Amount of Each Receipt this Period

20.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Sharon Bond

Mailing Address 1408 Oaklanding Rd.

City

Mt. Pleasant

State

SC

Zip Code

29464-3827

FEC ID number of contributing
federal political committee.

C

Name of Employer

Medical Univ of South Carolina

Occupation

Certified Nurse-Midwife Faculty

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11AI.12634

Amount of Each Receipt this Period

100.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

170.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Heather Bradford

Mailing Address 527 Kirkland Ave.

City State Zip Code
 Kirkland WA 98033-6220

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Evergreen Hlth Midwifery Care

Occupation
 Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : SA11Al.12456

Amount of Each Receipt this Period

500.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Ginger Breedlove

Mailing Address 13608 W 54th St.

City State Zip Code
 Shawnee KS 66216-5110

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Shenandoah University

Occupation
 Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : SA11Al.12457

Amount of Each Receipt this Period

3225.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Kathleen Brummer Torres

Mailing Address 130 Fairview Ave

City State Zip Code
 Bala Cynwyd PA 19004-1809

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Penn Medicine

Occupation
 Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : SA11Al.12370

Amount of Each Receipt this Period

50.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3775.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Kathleen Brummer Torres

Mailing Address 130 Fairview Ave

City

Bala Cynwyd

State

PA

Zip Code

19004-1809

FEC ID number of contributing
federal political committee.

C

Name of Employer

Penn Medicine

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

255.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11AI.12458

Amount of Each Receipt this Period

205.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Jane Bruno

Mailing Address 6-5 Peppertree Terrace

City

Christiansted

State

VI

Zip Code

00823

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Student

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11AI.12393

Amount of Each Receipt this Period

20.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Marisa Bryman

Mailing Address 4722 N Borthwick Ave

City

Portland

State

OR

Zip Code

97217-2623

FEC ID number of contributing
federal political committee.

C

Name of Employer

Women's Healthcare Assoc. LLC

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

159.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11AI.12459

Amount of Each Receipt this Period

109.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

334.00

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Brooke A Bucci

Mailing Address 45118 Voyage Path Apt 106

City State Zip Code
 California MD 20619-2464

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Southern MD Women 's Hlth Care

Occupation
 Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : SA11AI.12460

Amount of Each Receipt this Period

25.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Elizabeth Burelle

Mailing Address 810 Detroit St

City State Zip Code
 Denver CO 80206-3836

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Denver Health

Occupation
 Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : SA11AI.12360

Amount of Each Receipt this Period

50.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Elizabeth Burelle

Mailing Address 810 Detroit St

City State Zip Code
 Denver CO 80206-3836

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Denver Health

Occupation
 Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : SA11AI.12432

Amount of Each Receipt this Period

100.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

175.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Elizabeth Burelle

Mailing Address 810 Detroit St

City

Denver

State

CO

Zip Code

80206-3836

FEC ID number of contributing
federal political committee.

C

Name of Employer

Denver Health

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11AI.12461

Amount of Each Receipt this Period

410.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Karen B Burgin

Mailing Address 530 Valley Rd., Apt 6G

City

Montclair

State

NJ

Zip Code

07043-2710

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11AI.12618

Amount of Each Receipt this Period

25.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Patricia Burkhardt

Mailing Address 49 Strong Place

City

Brooklyn

State

NY

Zip Code

11231-3708

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11AI.12642

Amount of Each Receipt this Period

200.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

635.00

SCHEDULE A (FEC Form 3X)**ITEMIZED RECEIPTS**Use separate schedule(s)
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Rebecca H Burpo

Mailing Address 5519 Ridgedale Avenue

City	State	Zip Code
Dallas	TX	75206-6013

FEC ID number of contributing
federal political committee.

C

Name of Employer
Texas Tech Univ Hlth Sci.CtrOccupation
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2016

Transaction ID : SA11AI.12643

Amount of Each Receipt this Period

200.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Katherine Camacho Carr

Mailing Address 1655 S Lane St

City	State	Zip Code
Seattle	WA	98144

FEC ID number of contributing
federal political committee.

C

Name of Employer
Seattle UniversityOccupation
Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

175.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2016

Transaction ID : SA11AI.12469

Amount of Each Receipt this Period

75.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Kathryn Kravetz CarrMailing Address 5 Garden Ct.
Apt 3

City	State	Zip Code
Cambridge	MA	02138-1355

FEC ID number of contributing
federal political committee.

C

Name of Employer
St Elizabeth's Medical CenterOccupation
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2016

Transaction ID : SA11AI.12405

Amount of Each Receipt this Period

25.00

☐ Memo Item

May 2016 Contribution

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300.00

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Kathryn Kravetz Carr

Mailing Address 5 Garden Ct.

Apt 3

City

Cambridge

State

MA

Zip Code

02138-1355

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Elizabeth's Medical Center

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

45.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11AI.12417

Amount of Each Receipt this Period

20.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Kathryn Kravetz Carr

Mailing Address 5 Garden Ct.

Apt 3

City

Cambridge

State

MA

Zip Code

02138-1355

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Elizabeth's Medical Center

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

65.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11AI.12418

Amount of Each Receipt this Period

20.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Kathryn Kravetz Carr

Mailing Address 5 Garden Ct.

Apt 3

City

Cambridge

State

MA

Zip Code

02138-1355

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Elizabeth's Medical Center

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

85.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11AI.12419

Amount of Each Receipt this Period

20.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Kathryn Kravetz Carr

Mailing Address 5 Garden Ct.
Apt 3

City State Zip Code
Cambridge MA 02138-1355

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Elizabeth's Medical Center

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

175.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11AI.12467

Amount of Each Receipt this Period

90.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Kathryn Kravetz Carr

Mailing Address 5 Garden Ct.
Apt 3

City State Zip Code
Cambridge MA 02138-1355

FEC ID number of contributing
federal political committee.

C

Name of Employer

St Elizabeth's Medical Center

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11AI.12468

Amount of Each Receipt this Period

51.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Jillian Cauley

Mailing Address 811 York St

City State Zip Code
Oakland CA 94610-2160

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1420.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11AI.12602

Amount of Each Receipt this Period

1400.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1541.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Mei Ka Chin

Mailing Address 3555 Kings College Pl
Apt 1L

City State Zip Code
Bronx NY 10467

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11AI.12624

Amount of Each Receipt this Period

200.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Andrea Christianson

Mailing Address 66 Wildcat

City State Zip Code
Madison CT 06443-2041

FEC ID number of contributing
federal political committee.

C

Name of Employer

Birth & Beyond

Occupation
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11AI.12356

Amount of Each Receipt this Period

50.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Terri P. Clark

Mailing Address 5421 S 237th Pl

City State Zip Code
Kent WA 98032-3793

FEC ID number of contributing
federal political committee.

C

Name of Employer

Seattle University

Occupation
Associate Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

740.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11AI.12470

Amount of Each Receipt this Period

690.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

940.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Amanda Clauson

Mailing Address 19937 Kuper Ct

City

Centralia

State

WA

Zip Code

98531-9665

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Student

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

55.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11AI.12473

Amount of Each Receipt this Period

55.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Fiona Clement

Mailing Address 42 Sage Trl

City

North Kingstown

State

RI

Zip Code

02852-1695

FEC ID number of contributing
federal political committee.

C

Name of Employer

Women's Care Inc

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11AI.12369

Amount of Each Receipt this Period

50.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Fiona Clement

Mailing Address 42 Sage Trl

City

North Kingstown

State

RI

Zip Code

02852-1695

FEC ID number of contributing
federal political committee.

C

Name of Employer

Women's Care Inc

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

109.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11AI.12474

Amount of Each Receipt this Period

59.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

164.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Mary Kaye Collins

Mailing Address 3498 NW Federal Highway

City State Zip Code
 Jensen Beach FL 34957

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Womens Health Specialists

Occupation
 Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1090.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : SA11Al.12476

Amount of Each Receipt this Period

1040.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Winifred C Connerton

Mailing Address 161 Hillcrest Ave

City State Zip Code
 Edison NJ 08817-3123

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Pace University

Occupation
 Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

90.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : SA11Al.12477

Amount of Each Receipt this Period

40.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Kim J Cox

Mailing Address 600 Lafayette Dr. NE

City State Zip Code
 Albuquerque NM 87106

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Univ. of New Mexico

Occupation
 Associate Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : SA11Al.12348

Amount of Each Receipt this Period

25.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1105.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Heide Cruikshank

Mailing Address 3636 Stone Way N
232

City State Zip Code
Seattle WA 98103-8004

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

70.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11Al.12478

Amount of Each Receipt this Period

50.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Candace Curlee

Mailing Address 526 Shanas Lane

City State Zip Code
Encinitas CA 92024-2435

FEC ID number of contributing
federal political committee.

C

Name of Employer

Scripps Clinic

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

175.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11Al.12479

Amount of Each Receipt this Period

125.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Candace Curlee

Mailing Address 526 Shanas Lane

City State Zip Code
Encinitas CA 92024-2435

FEC ID number of contributing
federal political committee.

C

Name of Employer

Scripps Clinic

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11Al.12625

Amount of Each Receipt this Period

100.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

275.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Kathleen Cylkowski

Mailing Address 2526 Sharondale Dr Apt C8

City

Nashville

State

TN

Zip Code

37215-1148

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Student

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

20.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11AI.12396

Amount of Each Receipt this Period

20.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Kathleen Cylkowski

Mailing Address 2526 Sharondale Dr Apt C8

City

Nashville

State

TN

Zip Code

37215-1148

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Student

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

60.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11AI.12480

Amount of Each Receipt this Period

40.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Kathleen Cylkowski

Mailing Address 2526 Sharondale Dr Apt C8

City

Nashville

State

TN

Zip Code

37215-1148

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Student

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

110.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11AI.12481

Amount of Each Receipt this Period

50.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

110.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Esther DeJong

Mailing Address 950 Picheloup PI

City

New Orleans

State

LA

Zip Code

70119

FEC ID number of contributing
federal political committee.

C

Name of Employer

Alternative Birth Center

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11AI.12482

Amount of Each Receipt this Period

296.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Susan DeJoy

Mailing Address 87 Pease Rd

City

East Longmeadow

State

MA

Zip Code

01028

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baystate Health

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11AI.12626

Amount of Each Receipt this Period

50.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Jennifer Demma

Mailing Address 2828 Aldrich Ave S
Unit 9

City

Minneapolis

State

MN

Zip Code

55408-2376

FEC ID number of contributing
federal political committee.

C

Name of Employer

Family Tree Clinic

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11AI.12483

Amount of Each Receipt this Period

500.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

846.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Angela Deneris

Mailing Address 2718 Forest Spring Way

City State Zip Code
 Salt Lake City UT 84106-2240

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Utah

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : SA11AI.12367

Amount of Each Receipt this Period

50.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Kathleen Dermady

Mailing Address 4549 Broad Rd

City State Zip Code
 Syracuse NY 13215-2403

FEC ID number of contributing
federal political committee.

C

Name of Employer

SUNY Upstate Medical Universit

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : SA11AI.12375

Amount of Each Receipt this Period

50.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Kathleen Dermady

Mailing Address 4549 Broad Rd

City State Zip Code
 Syracuse NY 13215-2403

FEC ID number of contributing
federal political committee.

C

Name of Employer

SUNY Upstate Medical Universit

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

60.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : SA11AI.12433

Amount of Each Receipt this Period

10.00

☐ Memo Item

May 2016 Contribution

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110.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Dawn Durain

Mailing Address 192 Hopewell Pennington Rd.

City
Hopewell

State
NJ

Zip Code
08525-2129

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Pennsylvania

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11AI.12406

Amount of Each Receipt this Period

20.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Dawn Durain

Mailing Address 192 Hopewell Pennington Rd.

City
Hopewell

State
NJ

Zip Code
08525-2129

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Pennsylvania

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

290.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11AI.12407

Amount of Each Receipt this Period

20.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Dawn Durain

Mailing Address 192 Hopewell Pennington Rd.

City
Hopewell

State
NJ

Zip Code
08525-2129

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Pennsylvania

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

310.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11AI.12408

Amount of Each Receipt this Period

20.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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60.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Dawn Durain

Mailing Address 192 Hopewell Pennington Rd.

City State Zip Code
Hopewell NJ 08525-2129

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Pennsylvania

Occupation
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11Al.12409

Amount of Each Receipt this Period

20.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Dawn Durain

Mailing Address 192 Hopewell Pennington Rd.

City State Zip Code
Hopewell NJ 08525-2129

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Pennsylvania

Occupation
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11Al.12410

Amount of Each Receipt this Period

20.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Dawn Durain

Mailing Address 192 Hopewell Pennington Rd.

City State Zip Code
Hopewell NJ 08525-2129

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Pennsylvania

Occupation
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

370.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11Al.12411

Amount of Each Receipt this Period

20.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Dawn Durain

Mailing Address 192 Hopewell Pennington Rd.

City State Zip Code
Hopewell NJ 08525-2129

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Pennsylvania

Occupation
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11AI.12412

Amount of Each Receipt this Period

20.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Dawn Durain

Mailing Address 192 Hopewell Pennington Rd.

City State Zip Code
Hopewell NJ 08525-2129

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Pennsylvania

Occupation
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11AI.12413

Amount of Each Receipt this Period

20.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Dawn Durain

Mailing Address 192 Hopewell Pennington Rd.

City State Zip Code
Hopewell NJ 08525-2129

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Pennsylvania

Occupation
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

430.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11AI.12414

Amount of Each Receipt this Period

20.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

60.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Dawn Durain

Mailing Address 192 Hopewell Pennington Rd.

City State Zip Code
Hopewell NJ 08525-2129

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Pennsylvania

Occupation
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11AI.12415

Amount of Each Receipt this Period

20.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Dawn Durain

Mailing Address 192 Hopewell Pennington Rd.

City State Zip Code
Hopewell NJ 08525-2129

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Pennsylvania

Occupation
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11AI.12484

Amount of Each Receipt this Period

200.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Katherine Ellis

Mailing Address 369 Wicomico Rd

City State Zip Code
Stevensville MD 21666-3517

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

05 / 18 / 2016

Transaction ID : SA11AI.12341

Amount of Each Receipt this Period

10.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

230.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Christina E Elmore

Mailing Address 760 E 5th Ave

City State Zip Code
 Salt Lake City UT 84103-3510

FEC ID number of contributing
federal political committee.

C

Name of Employer

Birthcare Healthcare

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : SA11AI.12355

Amount of Each Receipt this Period

50.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Christina E Elmore

Mailing Address 760 E 5th Ave

City State Zip Code
 Salt Lake City UT 84103-3510

FEC ID number of contributing
federal political committee.

C

Name of Employer

Birthcare Healthcare

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

114.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : SA11AI.12434

Amount of Each Receipt this Period

64.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Cathy Emeis

Mailing Address 10482 SW Cottonwood St

City State Zip Code
 Tualatin OR 97062-8393

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oregon Health and Science Univ

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

170.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : SA11AI.12423

Amount of Each Receipt this Period

120.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

234.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Cathy Emeis

Mailing Address 10482 SW Cottonwood St

City State Zip Code
Tualatin OR 97062-8393

FEC ID number of contributing federal political committee.

C

Name of Employer
Oregon Health and Science Univ

Occupation
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11AI.12487

Amount of Each Receipt this Period

280.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Melicia Escobar

Mailing Address 35 W Nippon St

City State Zip Code
Philadelphia PA 19119-2426

FEC ID number of contributing federal political committee.

C

Name of Employer
Georgetown Univ&EinsteinMedCtr

Occupation
Clinical Faculty Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11AI.12372

Amount of Each Receipt this Period

50.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Stephanie Estes

Mailing Address 810 Wellington St

City State Zip Code
Baltimore MD 21211-2512

FEC ID number of contributing federal political committee.

C

Name of Employer

N/A

Occupation
Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

95.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11AI.12488

Amount of Each Receipt this Period

75.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

405.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Jenifer Fahey

Mailing Address 326 Dewey Dr

City

Annapolis

State

MD

Zip Code

21401

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ. of MD Schl. of Medicine

Occupation

Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11AI.12619

Amount of Each Receipt this Period

100.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Mari-Carmen Farmer

Mailing Address 4720 Conshohocken Ave

City

Philadelphia

State

PA

Zip Code

19131-2704

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

105.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11AI.12492

Amount of Each Receipt this Period

105.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Rebecca Fay

Mailing Address 1 Millenium Way

City

Rockland

State

MA

Zip Code

02370-1277

FEC ID number of contributing
federal political committee.

C

Name of Employer

Frontier Nursing University

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11AI.12489

Amount of Each Receipt this Period

50.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

255.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Patricia Fiddelke

Mailing Address 13287 Doubletree Cir

City
Wellington

State Zip Code
FL 33414-4010

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11AI.12495

Amount of Each Receipt this Period

40.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Maria Fisher

Mailing Address 20 Simon St

City
Babylon

State Zip Code
NY 11702-2326

FEC ID number of contributing
federal political committee.

C

Name of Employer

Stony Brook Midwives

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11AI.12351

Amount of Each Receipt this Period

50.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Maria Fisher

Mailing Address 20 Simon St

City
Babylon

State Zip Code
NY 11702-2326

FEC ID number of contributing
federal political committee.

C

Name of Employer

Stony Brook Midwives

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

633.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11AI.12496

Amount of Each Receipt this Period

583.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

673.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Bronwyn Fleming-Jones

Mailing Address PO BOX 110549

City State Zip Code
 Brooklyn NY 11211-0549

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Jacobi Medical Center

Occupation
 Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

80.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : SA11AI.12497

Amount of Each Receipt this Period

30.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Jennifer Foster

Mailing Address 1745 Vickers Circle

City State Zip Code
 Decatur GA 30030-1033

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Emory University

Occupation
 Assistant Professor of Nursing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : SA11AI.12368

Amount of Each Receipt this Period

50.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Kate Fouquier

Mailing Address 630 Berridge Dr

City State Zip Code
 Ridgeland MS 39157-2847

FEC ID number of contributing
federal political committee.

C

Name of Employer
 University of MS Med. Center

Occupation
 Associate Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : SA11AI.12644

Amount of Each Receipt this Period

100.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

180.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Laurie Ann Friedman

Mailing Address 33 Essex St.

City State Zip Code
 Cambridge MA 02139-2647

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Harvard Vanguard Medical Assoc

Occupation
 Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

190.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : SA11AI.12498

Amount of Each Receipt this Period

40.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Carolyn Geger

Mailing Address 10951 Harmel Dr

City State Zip Code
 Columbia MD 21044-3784

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Midwifery Consulting Group, In

Occupation
 Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : SA11AI.12620

Amount of Each Receipt this Period

50.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Verono Gentry

Mailing Address 3140 Ambergate Drive

City State Zip Code
 Anchorage AK 99504-3814

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Retired Nurse Midwife

Occupation
 Retired Nurse Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : SA11AI.12499

Amount of Each Receipt this Period

100.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

190.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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(check only one)

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Anne Gibeau

Mailing Address 15 Alicia Ct

City

Hempstead

State

NY

Zip Code

11550-2034

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jacobi Medical Center

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11Al.12385

Amount of Each Receipt this Period

50.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Anne Gibeau

Mailing Address 15 Alicia Ct

City

Hempstead

State

NY

Zip Code

11550-2034

FEC ID number of contributing
federal political committee.

C

Name of Employer

Jacobi Medical Center

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

90.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11Al.12603

Amount of Each Receipt this Period

40.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Amy Gillespie

Mailing Address 11211 Jade Spring

City

San Antonio

State

TX

Zip Code

78249-5013

FEC ID number of contributing
federal political committee.

C

Name of Employer

Brooke Army Medical Center

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11Al.12627

Amount of Each Receipt this Period

100.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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190.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Michelle Grandy

Mailing Address 4026 224th Street SE
Apt. 7

City Bothell State WA Zip Code 98021-8076

FEC ID number of contributing federal political committee.

C

Name of Employer
Northwest Hospital UW Medicine

Occupation
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

268.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11AI.12500

Amount of Each Receipt this Period

218.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Jackie Gruer

Mailing Address 4738 Hassman Ct

City Cincinnati State OH Zip Code 45223-1694

FEC ID number of contributing federal political committee.

C

Name of Employer
Hygieia

Occupation
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

110.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11AI.12501

Amount of Each Receipt this Period

60.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Jill Gustafson

Mailing Address 42 Maple Springs Rd

City Asheville State NC Zip Code 28805-2034

FEC ID number of contributing federal political committee.

C

Name of Employer
N/A

Occupation
Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11AI.12399

Amount of Each Receipt this Period

20.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

298.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Jill Gustafson

Mailing Address 42 Maple Springs Rd

City

Asheville

State

NC

Zip Code

28805-2034

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Student

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

80.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11AI.12502

Amount of Each Receipt this Period

60.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Zoe Gutterman

Mailing Address 113 5th St NE Apt 2

City

Washington

State

DC

Zip Code

20002-5904

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Student

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11AI.12390

Amount of Each Receipt this Period

20.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Laraine H Guyette

Mailing Address 1685 Uinta Street

City

Denver

State

CO

Zip Code

80220-2117

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired Certified Nurse-Midwife

Receipt For:

☐ Primary☐ General☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11AI.12601

Amount of Each Receipt this Period

50.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

130.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Laraine H Guyette

Mailing Address 1685 Uinta Street

City

Denver

State

CO

Zip Code

80220-2117

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11AI.12621

Amount of Each Receipt this Period

500.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Joann Haas

Mailing Address 128 Lafayette Ave

City

Palmerton

State

PA

Zip Code

18071-1510

FEC ID number of contributing
federal political committee.

C

Name of Employer

St.Luke's Physicians Group

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11AI.12645

Amount of Each Receipt this Period

50.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Shadman Habibi

Mailing Address 1865 Greenfield Ave Apt 206

City

Los Angeles

State

CA

Zip Code

90025-4491

FEC ID number of contributing
federal political committee.

C

Name of Employer

UCLA Midwifery

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11AI.12377

Amount of Each Receipt this Period

50.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

600.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Shadman Habibi

Mailing Address 1865 Greenfield Ave Apt 206

City State Zip Code
 Los Angeles CA 90025-4491

FEC ID number of contributing
federal political committee.

C

Name of Employer

UCLA Midwifery

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

246.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11AI.12503

Amount of Each Receipt this Period

196.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Michele Handelman

Mailing Address 99 E 4th St Apt 6A

City State Zip Code
 New York NY 10003-9072

FEC ID number of contributing
federal political committee.

C

Name of Employer

Beth Israel Medical Center

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11AI.12506

Amount of Each Receipt this Period

275.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Lisa Hanson

Mailing Address 530 N 16th St Clark Hall 341

City State Zip Code
 Milwaukee WI 53233-2160

FEC ID number of contributing
federal political committee.

C

Name of Employer

Marquette Univ, NM Program

Occupation

Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

85.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11AI.12507

Amount of Each Receipt this Period

35.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

506.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Patricia J Harman

Mailing Address 3011 Greystone Dr.

City

Morgantown

State

WV

Zip Code

26508-8600

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11AI.12387

Amount of Each Receipt this Period

50.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Patricia J Harman

Mailing Address 3011 Greystone Dr.

City

Morgantown

State

WV

Zip Code

26508-8600

FEC ID number of contributing
federal political committee.

C

Name of Employer

Self-Employed

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

60.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11AI.12508

Amount of Each Receipt this Period

10.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Kate Harrod

Mailing Address W1815 Country Hwy B

City

Genoa City

State

WI

Zip Code

53128

FEC ID number of contributing
federal political committee.

C

Name of Employer

Aurora Health Care/Marquette Universit

Occupation

Certified Nurse Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11AI.12510

Amount of Each Receipt this Period

200.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

260.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Emily Hart Hayes

Mailing Address 10 South 2000 East

City State Zip Code
 Salt Lake City UT 84112

FEC ID number of contributing federal political committee.

C

Name of Employer

Univ of Utah Collg of Nursing

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

90.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : SA11AI.12511

Amount of Each Receipt this Period

40.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Susan Hendren

Mailing Address 177 McNabb Rd

City State Zip Code
 Moriarty NM 87035

FEC ID number of contributing federal political committee.

C

Name of Employer

N/A

Occupation

Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : SA11AI.12429

Amount of Each Receipt this Period

20.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Jessica Herrera

Mailing Address 3912 Pearl Ct

City State Zip Code
 Las Cruces NM 88012-7920

FEC ID number of contributing federal political committee.

C

Name of Employer

N/A

Occupation

Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : SA11AI.12514

Amount of Each Receipt this Period

25.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

85.00

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Sally Rollow Hersh

Mailing Address 7325 SW Gable Park Rd.

City State Zip Code
 Portland OR 97225-2629

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Oregon Health & Science Univ.

Occupation
 Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : SA11Al.12374

Amount of Each Receipt this Period

50.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Lynne D. Himmelreich

Mailing Address 1013 400th St SW

City State Zip Code
 Oxford IA 52322-9142

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Univ Iowa Hospitals & Clinics

Occupation
 Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : SA11Al.12354

Amount of Each Receipt this Period

50.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Lynne D. Himmelreich

Mailing Address 1013 400th St SW

City State Zip Code
 Oxford IA 52322-9142

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Univ Iowa Hospitals & Clinics

Occupation
 Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : SA11Al.12652

Amount of Each Receipt this Period

200.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Rosalind A Hirst

Mailing Address 3191 N. Mtn. View Dr.

City State Zip Code
 San Diego CA 92116-1709

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kaiser Permanente

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

60.00

Date of Receipt

05 / 18 / 2016

Transaction ID : SA11AI.12342

Amount of Each Receipt this Period

10.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Jerrilyn (Jerri) Hobdy

Mailing Address 2601 Pennsylvania Ave
 Apt 244

City State Zip Code
 Philadelphia PA 19130-2320

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greater Phila Health Action

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11AI.12628

Amount of Each Receipt this Period

100.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Ashleigh Hornsby

Mailing Address 4517 Sterlington Blvd

City State Zip Code
 Sulphur LA 70665-8734

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

82.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11AI.12515

Amount of Each Receipt this Period

62.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

172.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Ashleigh Hornsby

Mailing Address 4517 Sterlington Blvd

City

Sulphur

State

LA

Zip Code

70665-8734

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

92.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11AI.12610

Amount of Each Receipt this Period

10.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Jane Houston

Mailing Address 6905 NW 52nd Dr

City

Gainesville

State

FL

Zip Code

32653-7013

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Florida

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11AI.12366

Amount of Each Receipt this Period

50.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Jane Houston

Mailing Address 6905 NW 52nd Dr

City

Gainesville

State

FL

Zip Code

32653-7013

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Florida

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

60.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11AI.12435

Amount of Each Receipt this Period

10.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

70.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Carol L. Howe

Mailing Address 13043 SW Ascension Drive

City State Zip Code
Tigard OR 97223-5686

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

140.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11Al.12516

Amount of Each Receipt this Period

50.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Carol L. Howe

Mailing Address 13043 SW Ascension Drive

City State Zip Code
Tigard OR 97223-5686

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Retired

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11Al.12622

Amount of Each Receipt this Period

100.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Marsha E. Jackson

Mailing Address 12400 Martin Road

City State Zip Code
Brandywine MD 20613

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Birthcare & Women's Health

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11Al.12635

Amount of Each Receipt this Period

100.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Leisha Jackucewicz

Mailing Address 5 Lyndon Ln

City

Howell

State

NJ

Zip Code

07731-8742

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11AI.12392

Amount of Each Receipt this Period

20.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Leisha Jackucewicz

Mailing Address 5 Lyndon Ln

City

Howell

State

NJ

Zip Code

07731-8742

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11AI.12517

Amount of Each Receipt this Period

10.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Jeanne Jacobwitz

Mailing Address 45 W 60th St Apt 23H

City

New York

State

NY

Zip Code

10023-7946

FEC ID number of contributing
federal political committee.

C

Name of Employer

Georgetown University

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 04 / 2016

Transaction ID : SA11AI.12329

Amount of Each Receipt this Period

50.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

80.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Jeanne Jacobowitz

Mailing Address 45 W 60th St Apt 23H

City

New York

State

NY

Zip Code

10023-7946

FEC ID number of contributing
federal political committee.

C

Name of Employer

Georgetown University

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11AI.12430

Amount of Each Receipt this Period

25.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Jeanne Jacobowitz

Mailing Address 45 W 60th St Apt 23H

City

New York

State

NY

Zip Code

10023-7946

FEC ID number of contributing
federal political committee.

C

Name of Employer

Georgetown University

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11AI.12518

Amount of Each Receipt this Period

250.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Jennifer Gwen Jagger

Mailing Address 3742 NW Boxwood Pl

City

Corvallis

State

OR

Zip Code

97330-3309

FEC ID number of contributing
federal political committee.

C

Name of Employer

Georgetown University

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1150.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11AI.12519

Amount of Each Receipt this Period

1100.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1375.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Karen Jefferson

Mailing Address 688 President St

City

Brooklyn

State

NY

Zip Code

11215-1208

FEC ID number of contributing
federal political committee.

C

Name of Employer

JJB Midwifery

Occupation

Certified Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11Al.12347

Amount of Each Receipt this Period

100.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Lucia Jenkusky

Mailing Address 4197 McNamara Pl

City

Lewis Center

State

OH

Zip Code

43035-6910

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nationwide Children's Hospital

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 04 / 2016

Transaction ID : SA11Al.12325

Amount of Each Receipt this Period

100.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Lucia Jenkusky

Mailing Address 4197 McNamara Pl

City

Lewis Center

State

OH

Zip Code

43035-6910

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nationwide Children's Hospital

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11Al.12520

Amount of Each Receipt this Period

140.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

340.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Richard F Jennings

Mailing Address 109 Beckett Ave

City State Zip Code
Branford CT 06405-4854

FEC ID number of contributing
federal political committee.

C

Name of Employer

Yale Midwives

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 04 / 2016

Transaction ID : SA11AI.12327

Amount of Each Receipt this Period

50.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Laura Jenson

Mailing Address 4208 SE 9th Ave

City State Zip Code
Portland OR 97202-5005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oregon Health & Science Univ

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

190.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11AI.12422

Amount of Each Receipt this Period

120.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Laura Jenson

Mailing Address 4208 SE 9th Ave

City State Zip Code
Portland OR 97202-5005

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oregon Health & Science Univ

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11AI.12521

Amount of Each Receipt this Period

140.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

310.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Ira Kantrowitz-Gordon

Mailing Address 10022 46th Avenue NE

City
Seattle

State
WA

Zip Code
98125-8124

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ. of Washington

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

26.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11AI.12522

Amount of Each Receipt this Period

26.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Ira Kantrowitz-Gordon

Mailing Address 10022 46th Avenue NE

City
Seattle

State
WA

Zip Code
98125-8124

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ. of Washington

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

76.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11AI.12646

Amount of Each Receipt this Period

50.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Glenda Kay

Mailing Address 2501 River Oaks Blvd Apt 11B

City
Jackson

State
MS

Zip Code
39211-3647

FEC ID number of contributing
federal political committee.

C

Name of Employer

River Oaks Hospital

Occupation

Student Nurse Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11AI.12345

Amount of Each Receipt this Period

25.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

101.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Glenda Kay

Mailing Address 2501 River Oaks Blvd Apt 11B

City State Zip Code
 Jackson MS 39211-3647

FEC ID number of contributing
federal political committee.

C

Name of Employer

River Oaks Hospital

Occupation

Student Nurse Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

45.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11AI.12427

Amount of Each Receipt this Period

20.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Glenda Kay

Mailing Address 2501 River Oaks Blvd Apt 11B

City State Zip Code
 Jackson MS 39211-3647

FEC ID number of contributing
federal political committee.

C

Name of Employer

River Oaks Hospital

Occupation

Student Nurse Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

85.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11AI.12523

Amount of Each Receipt this Period

40.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Lynn Roxas Kelly

Mailing Address 11019 Shenandoah Dr

City State Zip Code
 Orland Park IL 60467-9414

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

10.00

Date of Receipt

05 / 18 / 2016

Transaction ID : SA11AI.12343

Amount of Each Receipt this Period

10.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

70.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 58 OF 100

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Holly Powell Kennedy

Mailing Address 34 Quarry Dock Rd

City State Zip Code
 Branford CT 06405-4655

FEC ID number of contributing
federal political committee.

C

Name of Employer

Yale University

Occupation

Professor of Midwifery

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

135.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : SA11AI.12524

Amount of Each Receipt this Period

45.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Kimberly Knight

Mailing Address 4221 180th PI SE

City State Zip Code
 Bothell WA 98012-7578

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of New Mexico

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : SA11AI.12525

Amount of Each Receipt this Period

160.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Karoline Kinney

Mailing Address 145 Manzano St NE
 Apt C

City State Zip Code
 Albuquerque NM 87108-1357

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Student Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

80.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : SA11AI.12526

Amount of Each Receipt this Period

60.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

265.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Frances K Knoll

Mailing Address 4524 Albion Rd

City State Zip Code
 College Park MD 20740

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Capital Women's Care

Occupation
 Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : SA11AI.12604

Amount of Each Receipt this Period

100.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Lori Knoth

Mailing Address 1100 Clinton St Apt 201

City State Zip Code
 Hoboken NJ 07030-3284

FEC ID number of contributing
federal political committee.

C

Name of Employer
 N/A

Occupation
 Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

34.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : SA11AI.12529

Amount of Each Receipt this Period

34.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Christina Kocis

Mailing Address 39 Summit Street

City State Zip Code
 Huntington NY 11743-2603

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Stony Brook Univ. Hospital

Occupation
 Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1532.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : SA11AI.12530

Amount of Each Receipt this Period

1482.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1616.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:
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PAGE 60 OF 100

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Gaye Koconis

Mailing Address 6327 N Campbell Ave

City
Chicago

State
IL

Zip Code
60659-1901

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Shore Associates OB/GYN

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 18 / 2016

Transaction ID : SA11AI.12339

Amount of Each Receipt this Period

50.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Yelena Kolodji

Mailing Address 20941 Nez Perce Tri

City
Los Gatos

State
CA

Zip Code
95033-8882

FEC ID number of contributing
federal political committee.

C

Name of Employer

tobirth.com

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 18 / 2016

Transaction ID : SA11AI.12340

Amount of Each Receipt this Period

50.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

c. Charmaine J. Krupka

Mailing Address 1003 Mansfield Ave

City
Nashville

State
TN

Zip Code
37206-3515

FEC ID number of contributing
federal political committee.

C

Name of Employer

HealthNet Community Health Ctr

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

30.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 04 / 2016

Transaction ID : SA11AI.12334

Amount of Each Receipt this Period

30.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

130.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Deborah Landes

Mailing Address 19174 Vaughn Ave

City

Castro Valley

State

CA

Zip Code

94546-3022

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

65.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11Al.12533

Amount of Each Receipt this Period

65.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Julia Lange Kessler

Mailing Address 163 William Lain Rd.

City

Westtown

State

NY

Zip Code

10998-3906

FEC ID number of contributing
federal political committee.

C

Name of Employer

Georgetown University

Occupation

Program Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11Al.12425

Amount of Each Receipt this Period

360.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Julia Lange Kessler

Mailing Address 163 William Lain Rd.

City

Westtown

State

NY

Zip Code

10998-3906

FEC ID number of contributing
federal political committee.

C

Name of Employer

Georgetown University

Occupation

Program Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

435.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11Al.12436

Amount of Each Receipt this Period

25.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

450.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Julia Lange Kessler

Mailing Address 163 William Lain Rd.

City State Zip Code
 Westtown NY 10998-3906

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Georgetown University

Occupation
 Program Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1635.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : SA11AI.12534

Amount of Each Receipt this Period

1200.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Julia Lange Kessler

Mailing Address 163 William Lain Rd.

City State Zip Code
 Westtown NY 10998-3906

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Georgetown University

Occupation
 Program Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1669.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : SA11AI.12535

Amount of Each Receipt this Period

34.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Kristin Larios

Mailing Address 1461 Wood Hollow Dr Apt 29101

City State Zip Code
 Houston TX 77057-1666

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation
 Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : SA11AI.12398

Amount of Each Receipt this Period

20.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1254.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Kristin Larios

Mailing Address 1461 Wood Hollow Dr Apt 29101

City State Zip Code
Houston TX 77057-1666

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

60.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11AI.12536

Amount of Each Receipt this Period

40.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Gwen Latendresse

Mailing Address 10 S 2000 E

City State Zip Code
Salt Lake City UT 84112-5880

FEC ID number of contributing
federal political committee.

C

Name of Employer

U. of Utah College of Nursing

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11AI.12364

Amount of Each Receipt this Period

50.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Gwen Latendresse

Mailing Address 10 S 2000 E

City State Zip Code
Salt Lake City UT 84112-5880

FEC ID number of contributing
federal political committee.

C

Name of Employer

U. of Utah College of Nursing

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

85.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11AI.12537

Amount of Each Receipt this Period

35.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

125.00

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Amber Lavin

Mailing Address 150 Ridgeview Dr

City
Kalispell

State
MT

Zip Code
59901-2639

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kalispell Regional Medical Cen

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11AI.12386

Amount of Each Receipt this Period

50.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Allison Lawrence

Mailing Address 49 Lawrence St

City

New Haven

State

CT

Zip Code

06511-2649

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

120.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11AI.12540

Amount of Each Receipt this Period

120.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Amy Lay

Mailing Address 115 North St Apt 201

City

Harrisburg

State

PA

Zip Code

17101-1037

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11AI.12420

Amount of Each Receipt this Period

20.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

190.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Amy Lay

Mailing Address 115 North St Apt 201

City

Harrisburg

State

PA

Zip Code

17101-1037

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

70.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11Al.12541

Amount of Each Receipt this Period

50.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Katelin Lechlitter

Mailing Address 224 Glen Abbey Ln

City

Morgantown

State

WV

Zip Code

26508-9075

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11Al.12401

Amount of Each Receipt this Period

20.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Katelin Lechlitter

Mailing Address 224 Glen Abbey Ln

City

Morgantown

State

WV

Zip Code

26508-9075

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11Al.12605

Amount of Each Receipt this Period

20.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

90.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Lisa A Lederer

Mailing Address 6 Holly Dr

City State Zip Code
 Budd Lake NJ 07828-1030

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Hackettstown Midwives

Occupation
 CNM

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : SA11AI.12542

Amount of Each Receipt this Period

2000.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Mayri Leslie

Mailing Address 2030 M St NW Ste 300

City State Zip Code
 Washington DC 20036-3305

FEC ID number of contributing
federal political committee.

C

Name of Employer
 George Washington University

Occupation
 Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : SA11AI.12371

Amount of Each Receipt this Period

50.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Mayri Leslie

Mailing Address 2030 M St NW Ste 300

City State Zip Code
 Washington DC 20036-3305

FEC ID number of contributing
federal political committee.

C

Name of Employer
 George Washington University

Occupation
 Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

70.00

Date of Receipt

M M / D D / Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : SA11AI.12437

Amount of Each Receipt this Period

20.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2070.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Mayri Leslie

Mailing Address 2030 M St NW Ste 300

City
Washington

State Zip Code
DC 20036-3305

FEC ID number of contributing
federal political committee.

C

Name of Employer
George Washington University

Occupation
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

90.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11Al.12543

Amount of Each Receipt this Period

20.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Emily Levingston Luna

Mailing Address 647 West Mountain Ave

City
Las Cruces

State Zip Code
NM 88005

FEC ID number of contributing
federal political committee.

C

Name of Employer
N/A

Occupation
Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11Al.12416

Amount of Each Receipt this Period

20.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Martha Linden

Mailing Address 10747 Shivalik Circle

City
Anchorage

State Zip Code
AK 99501

FEC ID number of contributing
federal political committee.

C

Name of Employer
Owen R. Bell MD

Occupation
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11Al.12611

Amount of Each Receipt this Period

100.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

140.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Shari Long Romero

Mailing Address 260 Teller Ave

City

Grand Junction

State

CO

Zip Code

81501-2316

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mesa Midwives

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11AI.12424

Amount of Each Receipt this Period

20.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Lisa Kane Low

Mailing Address 400 N. Ingalls St.
Ste 3320

City

Ann Arbor

State

MI

Zip Code

48109-2003

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Michigan

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

670.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11AI.12545

Amount of Each Receipt this Period

600.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Vivian Lowenstein

Mailing Address 1124 Beverly Rd.

City

Jenkintown

State

PA

Zip Code

19046-3006

FEC ID number of contributing
federal political committee.

C

Name of Employer

Temple Univ. Hospital

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11AI.12546

Amount of Each Receipt this Period

500.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1120.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Molly A MacMorris-Adix

Mailing Address 4942 NE 34th Ave

City

Portland

State

OR

Zip Code

97211-7606

FEC ID number of contributing
federal political committee.

C

Name of Employer

Silverton Health Midwives

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

60.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11AI.12630

Amount of Each Receipt this Period

50.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Carla May

Mailing Address 29216 S 4470 Rd

City

Vinita

State

OK

Zip Code

74301-6834

FEC ID number of contributing
federal political committee.

C

Name of Employer

Claremore Indian Hospital

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11AI.12608

Amount of Each Receipt this Period

50.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Grace McBride

Mailing Address 4116 21st Ave S

City

Minneapolis

State

MN

Zip Code

55407-3074

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Student Nurse-Midwife

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11AI.12547

Amount of Each Receipt this Period

80.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

180.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Harriet McKinley

Mailing Address 780 Riverside Dr Apt 8F

City
New York

State Zip Code
NY 10032-7454

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Central Bronx Hospital

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.50

Date of Receipt

05 / 18 / 2016

Transaction ID : SA11AI.12338

Amount of Each Receipt this Period

0.50

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Harriet McKinley

Mailing Address 780 Riverside Dr Apt 8F

City
New York

State Zip Code
NY 10032-7454

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Central Bronx Hospital

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.50

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11AI.12629

Amount of Each Receipt this Period

100.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Karen McNeal

Mailing Address 150 Northpark Plaza Dr Apt 912

City
Kingwood

State Zip Code
TX 77339-5069

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11AI.12394

Amount of Each Receipt this Period

20.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER:
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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Karen McNeal

Mailing Address 150 Northpark Plaza Dr Apt 912

City
Kingwood

State
TX

Zip Code
77339-5069

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

40.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11AI.12548

Amount of Each Receipt this Period

20.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Gretchen G Mettler

Mailing Address 1020 Yellowstone Road

City

Cleveland

State

OH

Zip Code

44121-1423

FEC ID number of contributing
federal political committee.

C

Name of Employer

University Hosp. of Cleveland

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11AI.12636

Amount of Each Receipt this Period

100.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Yolanda Anne Meza

Mailing Address 8311 Pioneer Drive

City

Anchorage

State

AK

Zip Code

99504-4714

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southcentral Foundation

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1852.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11AI.12549

Amount of Each Receipt this Period

1802.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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1922.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Yolanda Anne Meza

Mailing Address 8311 Pioneer Drive

City State Zip Code
Anchorage AK 99504-4714

FEC ID number of contributing
federal political committee.

C

Name of Employer
Southcentral Foundation

Occupation
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2002.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11Al.12647

Amount of Each Receipt this Period

150.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Mary Milkey

Mailing Address 12737 Macon Rd

City State Zip Code
Saline MI 48176-9313

FEC ID number of contributing
federal political committee.

C

Name of Employer
University of Michigan

Occupation
Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

25.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11Al.12612

Amount of Each Receipt this Period

5.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Emily Miller

Mailing Address 7888 S Grant St

City State Zip Code
Midvale UT 84047-7439

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation
Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

70.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11Al.12550

Amount of Each Receipt this Period

50.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

205.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Mary Kay Miller

Mailing Address 2665 State Road 580

City

Clearwater

State

FL

Zip Code

33761

FEC ID number of contributing
federal political committee.

C

Name of Employer

Countryside OB/GYN,

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

555.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11AI.12551

Amount of Each Receipt this Period

505.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Eugenia Montesinos

Mailing Address 140 Cadman Plz W Apt 24-6

City

Brooklyn

State

NY

Zip Code

11201

FEC ID number of contributing
federal political committee.

C

Name of Employer

Metropolitan Hospital

Occupation

Midwife

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11AI.12631

Amount of Each Receipt this Period

50.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Tonia Moore-Davis

Mailing Address 1436 Station Four Lane

City

Old Hickory

State

TN

Zip Code

37138-2353

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vanderbilt University

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

135.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11AI.12552

Amount of Each Receipt this Period

85.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

640.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Kathleen Moriarty

Mailing Address 21579 Sunflower Rd

City

State

Zip Code

Novi

MI

48375-5347

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Frontier Nursing University

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11AI.12553

Amount of Each Receipt this Period

50.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Lonnie C Morris

Mailing Address 4 Roberts Ct.

City

State

Zip Code

Tenafly

NJ

07670-2001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

The Childbirth Center, LLC

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

550.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11AI.12554

Amount of Each Receipt this Period

500.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Crystal Murphy

Mailing Address 10512 W 97th Ter

City

State

Zip Code

Overland Park

KS

66214-2302

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Specialists in Women's Care

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11AI.12557

Amount of Each Receipt this Period

100.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

650.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Hannah Murphy

Mailing Address 1489 S 900 E Apt 2

City State Zip Code
 Salt Lake City UT 84105-2325

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11AI.12395

Amount of Each Receipt this Period

20.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Heather Murphy

Mailing Address 11188 Grand Winthrop Ave

City State Zip Code
 Riverview FL 33578-4668

FEC ID number of contributing
federal political committee.

C

Name of Employer

USF Physicians Group

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

90.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11AI.12558

Amount of Each Receipt this Period

40.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Linda Nanni

Mailing Address 247 Cornell Rd

City State Zip Code
 Westport MA 02790-5011

FEC ID number of contributing
federal political committee.

C

Name of Employer

Women'sCare/Women&InfantsHosp

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

192.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11AI.12559

Amount of Each Receipt this Period

142.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

202.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Claire C. Nelson

Mailing Address 4723 Upton Avenue South

City State Zip Code
 Minneapolis MN 55410

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11AI.12615

Amount of Each Receipt this Period

200.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Kristi Nichols

Mailing Address 6668 S Tripp View Ln

City State Zip Code
 Murray UT 84123-6637

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Utah

Occupation

Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11AI.12426

Amount of Each Receipt this Period

20.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Kristi Nichols

Mailing Address 6668 S Tripp View Ln

City State Zip Code
 Murray UT 84123-6637

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Utah

Occupation

Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

57.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11AI.12560

Amount of Each Receipt this Period

37.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

257.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Tonya Nicholson

Mailing Address 438 Whittle Road

City

Dexter

State

GA

Zip Code

31019-3840

FEC ID number of contributing
federal political committee.

C

Name of Employer

Frontier University

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

65.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11AI.12561

Amount of Each Receipt this Period

15.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Angelita Nixon

Mailing Address P.O. Box 213

City

Scott Depot

State

WV

Zip Code

25560-0213

FEC ID number of contributing
federal political committee.

C

Name of Employer

Scenic Drive Midwives

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11AI.12562

Amount of Each Receipt this Period

200.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Jacqueline Notes

Mailing Address 10710 Charter Dr Ste 200

City

Columbia

State

MD

Zip Code

21044-3259

FEC ID number of contributing
federal political committee.

C

Name of Employer

Signature OB/GYN

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

35.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 04 / 2016

Transaction ID : SA11AI.12332

Amount of Each Receipt this Period

35.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Laura Oki

Mailing Address 4331 Amberwood Ave

City

Reno

State

NV

Zip Code

89509-7009

FEC ID number of contributing
federal political committee.

C

Name of Employer

Women's Health Center

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

117.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11AI.12563

Amount of Each Receipt this Period

67.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Adiah Oyefesobi

Mailing Address 1122 Jackson St

City

Dallas

State

TX

Zip Code

75202-5212

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11AI.12431

Amount of Each Receipt this Period

20.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Kathleen Page

Mailing Address 2007 Graves Mill Rd Forest

City

Lynchburg

State

VA

Zip Code

24551

FEC ID number of contributing
federal political committee.

C

Name of Employer

CMG Women's Center

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11AI.12564

Amount of Each Receipt this Period

25.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

112.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Elisa L Patterson

Mailing Address 1535 Taft Ct

City

Louisville

State

CO

Zip Code

80027-1021

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kaiser Permanente

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

125.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11Al.12486

Amount of Each Receipt this Period

75.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Elisa L Patterson

Mailing Address 1535 Taft Ct

City

Louisville

State

CO

Zip Code

80027-1021

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kaiser Permanente

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

224.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11Al.12566

Amount of Each Receipt this Period

99.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Karen Perdion

Mailing Address 836 W Pennsylvania Avenue
Apt. 117

City

San Diego

State

CA

Zip Code

92103-3856

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ. of CA, San Diego

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11Al.12567

Amount of Each Receipt this Period

950.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

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1124.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Jennifer Perry-Hidalgo

Mailing Address 326 River Bank Ln

City
Greenville

State
NC

Zip Code
27834-7327

FEC ID number of contributing
federal political committee.

C

Name of Employer

Cape Fear Valley Med. Center

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11AI.12346

Amount of Each Receipt this Period

100.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Jennifer Poell

Mailing Address 2045 W Thomas St

City
Chicago

State
IL

Zip Code
60622-3627

FEC ID number of contributing
federal political committee.

C

Name of Employer

Alivio Medical Center

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

98.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11AI.12568

Amount of Each Receipt this Period

48.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Anna Raffaelli

Mailing Address 1438 SW Harrison St

City
Portland

State
OR

Zip Code
97201-2545

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

13.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11AI.12571

Amount of Each Receipt this Period

13.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

161.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Lesley Rathbun

Mailing Address 9133 Timber St

City State Zip Code
North Charleston SC 29406-9075

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
Charleston Birth Place Certified Nurse-Midwife

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11Al.12572

Amount of Each Receipt this Period

200.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Vickie L Reiff

Mailing Address 47159 85th St.

City State Zip Code
Sioux Falls SD 57108-8111

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
Sanford Health Certified Nurse-Midwife

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

406.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11Al.12573

Amount of Each Receipt this Period

406.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Vickie L Reiff

Mailing Address 47159 85th St.

City State Zip Code
Sioux Falls SD 57108-8111

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
Sanford Health Certified Nurse-Midwife

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

456.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11Al.12648

Amount of Each Receipt this Period

50.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

656.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Elizabeth Roeske

Mailing Address 376 Belanger St

City State Zip Code
 Grosse Pointe Farms MI 48236-3334

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Henry Ford Health System Hamtr

Occupation
 Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : SA11AI.12613

Amount of Each Receipt this Period

20.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Amy Romano

Mailing Address 67 Hauser Street

City State Zip Code
 Milford CT 06460-5854

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Baby+Company

Occupation
 Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : SA11AI.12350

Amount of Each Receipt this Period

50.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Amy Romano

Mailing Address 67 Hauser Street

City State Zip Code
 Milford CT 06460-5854

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Baby+Company

Occupation
 Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1033.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : SA11AI.12574

Amount of Each Receipt this Period

983.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1053.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Judith P. Rooks

Mailing Address 2706 SW English Court

City State Zip Code
 Portland OR 97201

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired midwife/epidemiologist

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : SA11AI.12637

Amount of Each Receipt this Period

100.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Lynneece M. Rooney

Mailing Address 1430 Spillers Ln

City State Zip Code
 Houston TX 77043-4137

FEC ID number of contributing
federal political committee.

C

Name of Employer

Memorial H.Mem. City Med Ctr

Occupation

Director of Nursing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : SA11AI.12361

Amount of Each Receipt this Period

50.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Lynneece M. Rooney

Mailing Address 1430 Spillers Ln

City State Zip Code
 Houston TX 77043-4137

FEC ID number of contributing
federal political committee.

C

Name of Employer

Memorial H.Mem. City Med Ctr

Occupation

Director of Nursing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : SA11AI.12363

Amount of Each Receipt this Period

50.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

200.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
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Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Lynneece M. Rooney

Mailing Address 1430 Spillers Ln

City

Houston

State

TX

Zip Code

77043-4137

FEC ID number of contributing
federal political committee.

C

Name of Employer

Memorial H.Mem. City Med Ctr

Occupation

Director of Nursing

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

205.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2016

Transaction ID : SA11Al.12575

Amount of Each Receipt this Period

105.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Mairi Breen Rothman

Mailing Address 7301 Garland Avenue

City

Takoma Park

State

MD

Zip Code

20912-6417

FEC ID number of contributing
federal political committee.

C

Name of Employer

M.A.M.A.S. Inc.

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2016

Transaction ID : SA11Al.12359

Amount of Each Receipt this Period

50.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Mairi Breen Rothman

Mailing Address 7301 Garland Ave

City

Takoma Park

State

MD

Zip Code

20912-6417

FEC ID number of contributing
federal political committee.

C

Name of Employer

M.A.M.A.S., Inc.

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

157.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2016

Transaction ID : SA11Al.12576

Amount of Each Receipt this Period

157.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

312.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Devin Salazar

Mailing Address 524 S 1st St

City
Silverton

State Zip Code
OR 97381-2106

FEC ID number of contributing
federal political committee.

C

Name of Employer

Silverton Health

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11AI.12632

Amount of Each Receipt this Period

50.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Cecile Sampson

Mailing Address PO Box 2592

City
Brockton

State Zip Code
MA 02305-2592

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 18 / 2016

Transaction ID : SA11AI.12344

Amount of Each Receipt this Period

20.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Irene O. Sandvold

Mailing Address 2918 38th St. NW

City
Washington

State Zip Code
DC 20016-5401

FEC ID number of contributing
federal political committee.

C

Name of Employer

US Dept of Health & Human Svcs

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11AI.12623

Amount of Each Receipt this Period

100.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

170.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Shannan R. Cantu Santoli

Mailing Address 112 Acklen Park Dr Apt C6

City

Nashville

State

TN

Zip Code

37203-1152

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

84.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11AI.12465

Amount of Each Receipt this Period

84.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Paulette Schalck

Mailing Address 2829 Damascus Rd

City

Hebron

State

KY

Zip Code

41048-9753

FEC ID number of contributing
federal political committee.

C

Name of Employer

TriHealth Nurse Midwives

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11AI.12649

Amount of Each Receipt this Period

200.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Kathryn Schrag

Mailing Address PO Box 233

City

Patagonia

State

AZ

Zip Code

85624-0233

FEC ID number of contributing
federal political committee.

C

Name of Employer

Frontier Nursing University

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11AI.12378

Amount of Each Receipt this Period

50.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

334.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Nicole Shapiro

Mailing Address 715 S Taylor Ave

City State Zip Code
 Oak Park IL 60304-1623

FEC ID number of contributing
federal political committee.

C

Name of Employer
 West Suburban Midwife Assoc.

Occupation
 Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : SA11AI.12382

Amount of Each Receipt this Period

50.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Joan Slager

Mailing Address 3681 S 26th Street

City State Zip Code
 Kalamazoo MI 49048-9611

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Bronson Women's Service

Occupation
 Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

85.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : SA11AI.12577

Amount of Each Receipt this Period

35.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Melissa Slaght

Mailing Address 1303 Henry Ave

City State Zip Code
 Spring Hill FL 34608-5118

FEC ID number of contributing
federal political committee.

C

Name of Employer
 My Gynecologist

Occupation
 Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : SA11AI.12650

Amount of Each Receipt this Period

50.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

135.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Diana Louise Smith

Mailing Address 626 SE 42nd Ave

City

Portland

State

OR

Zip Code

97215-1603

FEC ID number of contributing
federal political committee.

C

Name of Employer

Legacy Midwifery

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 04 / 2016

Transaction ID : SA11AI.12326

Amount of Each Receipt this Period

50.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Suzanne Smith

Mailing Address 35 Prospect Pk West
Apt 15 E

City

Brooklyn

State

NY

Zip Code

11215

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired Certified Nurse-Midwife

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11AI.12638

Amount of Each Receipt this Period

50.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Daniel Stec

Mailing Address 434 Lantern Wood Dr

City

Scottsdale

State

GA

Zip Code

30079-6802

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Student

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11AI.12403

Amount of Each Receipt this Period

20.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

120.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Susan Stone

Mailing Address 9277 Buffalo Speedway

City State Zip Code
Houston TX 77025-4422

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ. of Texas Medical Branch

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11AI.12641

Amount of Each Receipt this Period

50.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Letitia Sullivan

Mailing Address 7284 E Palo Chino Ct

City State Zip Code
Gold Canyon AZ 85118-4980

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

130.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11AI.12578

Amount of Each Receipt this Period

80.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Lisa Summers

Mailing Address 1220 Noyes Dr.

City State Zip Code
Silver Spring MD 20910

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

American Nurses Association

Senior Policy Fellow

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

535.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11AI.12579

Amount of Each Receipt this Period

535.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

665.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Robin B. Supplee

Mailing Address 10140 NE Roberts Rd.

City State Zip Code
 Bainbridge Island WA 98110-3383

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Planned Parenthood

Occupation
 Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 04 / 2016

Transaction ID : SA11AI.12333

Amount of Each Receipt this Period

75.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Ellie Tan

Mailing Address 6174 W Sequoia Dr

City State Zip Code
 Glendale AZ 85308-7671

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : SA11AI.12651

Amount of Each Receipt this Period

50.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Tanya S. Tanner

Mailing Address 11164 Cherokee Street

City State Zip Code
 Northglenn CO 80234-3918

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation
 Certified Nurse-Midwife

Frontier Nursing University

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : SA11AI.12580

Amount of Each Receipt this Period

200.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

325.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Stephanie N Tillman

Mailing Address 1111 W 15th St
Unit 212

City State Zip Code
Chicago IL 60608

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Illinois at Chicago

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

850.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11AI.12581

Amount of Each Receipt this Period

800.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Kim Kovach Trout

Mailing Address 212 Grayling Ave Apt 2

City State Zip Code
Narberth PA 19072-1904

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Pennsylvania

Occupation

Assistant Professor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 04 / 2016

Transaction ID : SA11AI.12331

Amount of Each Receipt this Period

50.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Lisa Vance

Mailing Address 114 E Watauga Ave

City State Zip Code
Johnson City TN 37601-4628

FEC ID number of contributing
federal political committee.

C

Name of Employer

Streams of Life Midwifery, LLC

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11AI.12384

Amount of Each Receipt this Period

50.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

900.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Lisa Vance

Mailing Address 114 E Watauga Ave

City

Johnson City

State

TN

Zip Code

37601-4628

FEC ID number of contributing
federal political committee.

C

Name of Employer

Streams of Life Midwifery, LLC

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

165.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11Al.12582

Amount of Each Receipt this Period

115.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Monica Viera

Mailing Address 13640 Roscoe Blvd

City

Panorama City

State

CA

Zip Code

91402-3904

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kaiser Permanente

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

239.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11Al.12583

Amount of Each Receipt this Period

189.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Hope Von Gunten

Mailing Address 1114A Straightway Ave

City

Nashville

State

TN

Zip Code

37206-2252

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Student

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11Al.12586

Amount of Each Receipt this Period

50.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

354.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Deborah S Walker

Mailing Address 6166 1st Rd

City State Zip Code
 Superior Township MI 48198-9647

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 Wayne St Univ Coll of Nursng Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : SA11AI.12639

Amount of Each Receipt this Period

100.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Stacie Walker

Mailing Address 12408 NE 4th PI

City State Zip Code
 Bellevue WA 98005-3132

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 N/A Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : SA11AI.12391

Amount of Each Receipt this Period

20.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Stacie Walker

Mailing Address 12408 NE 4th PI

City State Zip Code
 Bellevue WA 98005-3132

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 N/A Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

57.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : SA11AI.12587

Amount of Each Receipt this Period

37.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

157.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Linda Walsh

Mailing Address 200 Alamo Ave

City

Santa Cruz

State

CA

Zip Code

95060-3004

FEC ID number of contributing
federal political committee.

C

Name of Employer

Retired

Occupation

Retired Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

100.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11Al.12633

Amount of Each Receipt this Period

100.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Amy Wan

Mailing Address 2670 Belgrade St

City

Philadelphia

State

PA

Zip Code

19125-3802

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

18.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11Al.12590

Amount of Each Receipt this Period

18.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Kathy Weaver

Mailing Address 61 Hibriten Dr

City

Asheville

State

NC

Zip Code

28801-1005

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11Al.12400

Amount of Each Receipt this Period

20.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

138.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Kathy Weaver

Mailing Address 61 Hibriten Dr

City Asheville State NC Zip Code 28801-1005

FEC ID number of contributing federal political committee.

C

Name of Employer

N/A

Occupation

Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

60.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11Al.12591

Amount of Each Receipt this Period

40.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Angela Wells

Mailing Address 7850 Minden Rd N

City Minden City State MI Zip Code 48456-9724

FEC ID number of contributing federal political committee.

C

Name of Employer

N/A

Occupation

Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11Al.12397

Amount of Each Receipt this Period

20.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Angela Wells

Mailing Address 7850 Minden Rd N

City Minden City State MI Zip Code 48456-9724

FEC ID number of contributing federal political committee.

C

Name of Employer

N/A

Occupation

Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

320.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11Al.12592

Amount of Each Receipt this Period

300.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

360.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Suzanne Wertman

Mailing Address 2104 Metts Ave

City
Wilmington

State
NC

Zip Code
28403-2248

FEC ID number of contributing
federal political committee.

C

Name of Employer

Planned Parenthood Health Sys.

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

130.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11AI.12593

Amount of Each Receipt this Period

80.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Hollie Wharton

Mailing Address 6170 S Oak Canyon Dr

City
Holladay

State
UT

Zip Code
84121-6344

FEC ID number of contributing
federal political committee.

C

Name of Employer

Univ of Utah Hospital

Occupation

Registered Nurse

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11AI.12640

Amount of Each Receipt this Period

20.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Anne Willits

Mailing Address 2236 N Emerson St

City
Denver

State
CO

Zip Code
80205-5127

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Joseph Hospital

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

50.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 31 / 2016

Transaction ID : SA11AI.12389

Amount of Each Receipt this Period

50.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Anne Willits

Mailing Address 2236 N Emerson St

City

Denver

State

CO

Zip Code

80205-5127

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Joseph Hospital

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11AI.12594

Amount of Each Receipt this Period

700.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B. Angela Wilson-Liverman

Mailing Address 7964 Hooten Hows Rd.

City

Nashville

State

TN

Zip Code

37221-1008

FEC ID number of contributing
federal political committee.

C

Name of Employer

Vanderbilt Ctr for Womens Hlth

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

190.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11AI.12595

Amount of Each Receipt this Period

140.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

C. Emily A Yeast

Mailing Address 83 Regent St #3

City

Saratoga Springs

State

NY

Zip Code

12866-4515

FEC ID number of contributing
federal political committee.

C

Name of Employer

Women's Care OBGyn

Occupation

Certified Nurse-Midwife

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

505.00

Date of Receipt

05 / 31 / 2016

Transaction ID : SA11AI.12596

Amount of Each Receipt this Period

455.00

☐ Memo Item

May 2016 Contribution

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1295.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Andrew Youmans

Mailing Address 315 Moose Lodge Rd

City State Zip Code
 Griffin GA 30224-3903

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Student

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

65.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 05 / 31 / 2016

Transaction ID : SA11AI.12599

Amount of Each Receipt this Period

65.00

☐ Memo Item

May 2016 Contribution

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

☐ Memo Item

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

65.00

41891.50

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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(check only one)

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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

Full Name (Last, First, Middle Initial)

A. Paypal INC

Mailing Address 4100 Solutions Center #774100

City Chicago State IL Zip Code 60677

Purpose of Disbursement
PayPal fee

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 03 / 2016
Transaction ID : SB21B.12658

Amount of Each Disbursement this Period

59.95

☐ Memo Item**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

☐ Memo Item**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

59.95

59.95

	21b		22	X	23		24		25		26
	27		28a		28b		28c		29		30b

AMERICAN COLLEGE OF NURSE-MIDWIVES MIDWIVES-PAC

A. KIND FOR CONGRESS COMMITTEE

Category/
Type

2000.00

Office Sought:		<input checked="checked" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016	
State: WI		District: 03	<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input checked="checked" type="checkbox"/> General

B.

Category/
Type

Memo Item

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:		

C.

Category/
Type[illegible]

 Memo Item

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:		

2000.00

2000.00